## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # M08812**

**AMERISWEDE CORPORATION** 



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3935 NW 38TH TERR

LAUDERDALE LAKES, FL 33309

PO BOX 5023 FT LAUDERDALE, FL 33310



DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2497816

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SVENSSON, LARS G 3935 NW 38TH TERR LAUDERDALE LAKES, FL 33309

## DO NOT WRITE IN THIS SPACE

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating)  OATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	İ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SVENSSON, GLORIA G. 3935 N.W. 38TH TERR LAUDERDALE LAKES, FL 33309				U00000924821 05/20/08-80002-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SVENSSON, LARS G. 3935 N.W. 38TH TERR LAUDERDALE LAKES, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLIN, THOMAS P 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

LARS G. SVENSSON PRESIDENT